Mississippi Department of Information Technology Services

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RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3619 for the Mississippi State Department of Health (MSDH)

From: Craig P. Orgeron, Ph.D.

Date: January 11, 2013

Subject: Responses to Questions Submitted and Clarifications to Specifications

Contact Name: Donna Hamilton

Contact Phone Number: 601-432-8114

Contact E-mail Address: Donna.Hamilton@its.ms.gov

RFP Number 3619 is hereby amended as follows:

1. ITS Response Checklist, Item 1 is being modified to read:

One clearly marked original response and 10 identical copies of the complete proposal **with each response containing an accompanying electronic copy in Adobe Acrobat latest version**. Label the front and spine of the three-ring loose-leaf binder and each CD with the Vendor name and RFP number. Please DO NOT include a copy of the RFP in the binder.

2. Section VII Technical Specifications, Item 6.10 is being modified to read:

The Vendor must understand and provide information in his response to support a deliverable-based project. MSDH intends to pay based on milestones and deliverables throughout the project with a retainage held for each deliverable as outlined in Section VII, Item ~~8.12~~8.11. The Project Work Plan and the Cost Proposal should define and denote milestones and deliverables, both paid and unpaid, for the entirety of the project.

3. Section VII Technical Specifications, Item 18.2.2.5 is deleted:

~~The application must also adhere to MSDH security policy. Since this policy is not published, the Vendor should contact Donna Hamilton to obtain a copy of this policy.~~

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: Section VII, Item 20.1 states: "MANDATORY - Database designs are required to be based on the Microsoft SQL Server 2012. Microsoft Access designs will not be accepted."

I have a question about RFP Question Number 20.1 on page 237. It states that the application must be in a SQL Microsoft Database structure and that is "Mandatory". Does this deployment have to be in the Microsoft SQL format or will Oracle 10g database platform be acceptable?

Response: **Yes, the requirement is correct as stated. Oracle is not acceptable.**

Question 2: ITS RFP Response Checklist states: "One clearly marked original response and **10** identical copy/copies of the complete proposal. Label the front and spine of the three-ring loose-leaf binder with the Vendor name and RFP number. Include the items listed below inside the binder. Please DO NOT include a copy of the RFP in the binder."

During the mandatory conference call, it was indicated that an electronic version on CD is also required. Please confirm if there are any label/other instructions for sending the CD.

Response: **Yes. Please see Item 1 above which amends RFP No. 3619 to require an electronic copy of the Vendor's proposal.**

Question 3: Section VII, Item 6.10: Item 6.10 reference Section VII, Item 8.12. There is no 8.12. I believe that it was intended to reference Section VII, Item 8.11.

Response: **Correct. Please see Item 1 above.**

Question 4: Section VII, Items 6.3 and 6.5: The RFP requests that an Executive Summary and letter from a vendor's legal department be included with this RFP submission. In which section should these items be placed?

Response: **The Vendor may include the Executive Summary and letter from Vendor's legal department following items VII.6.3 and VII.6.5 or Vendors may include an Attachment that is referenced in their response to these items.**

Question 5: Should all attachments be included after Section IX., References?

Response: **Yes.**

Question 6: Section VII, Item 10.1.6 states: "Vendor must include a copy of the corporation's most recent annual report, including consolidated balance sheets and related statements of income, stockholders' or partners' equity and changes in financial position, for each of the three fiscal years preceding the end of the most recent fiscal year. The financial information listed above should be compiled, reviewed and audited by a Certified Public Accountant or Chartered Accountant."

Will a link to the Vendor's website satisfy this requirement or is a hardcopy report necessary to include?

Response: **A link to the Vendor's website is sufficient as long as the State can determine that the requirements of Item 10.1.6 are satisfied.**

Question 7: In an effort to better respond to RFP No. 3619, can you please provide answers to the following:

- Total number of PRESCRIBING providers - **FTEs 18 MDs; 34.5 APRNs; 2 Dentists**
- Total number of CONCURRENT users - **~320 concurrent users. MSDH does not have an EHR at this time. Addition of an EHR will significantly increase concurrent users.**
- Total number of users broken down by category (e.g. Providers, Nurse Practitioners, Medical Assistants, Nurses, Pharmacists, Psychiatrists, Radiologists, Lab, Social Services, End Users, etc.)
    - **Medical Doctors - 25**
    - **Dentist - 3**
    - **Advanced Practice Registered Nurse - 39**
    - **RN - 410 (Does not include Licensure/Certification or Home Health)**
    - **DHMA - 137**
    - **Nutritionists - 136**
    - **Early Intervention - 70**
    - **Health Educators - 19**
    - **DIS - 41**
    - **Pharmacists - 9**
    - **Social Workers - 73**
    - **Clerical - 388**
    - **Dental Hygienists - 8**
    - **Outreach workers -17**
    - **Lab Staff – 25**
    - **MISC - 20**
    - **Potential Users - 1380**
- Total number of annual encounters - **~1,000,000**
- Total number of Sites the solution will be implemented – **Statewide (Central Office, ~110 Clinics, 9 District Offices, ~ 97 WIC warehouses)**
- What is the preferred implementation timeline **– 18 – 24 months**
- What is the preferred number of Pilot Sites **- 3**

- Preferred method of training (e.g. Train the Trainer or Train all Users) **- Train the Trainer**

Response: **See response in bold above.**

Question 8: ITS RFP Response Checklist, page 2: The RFP document asks vendors to submit one original and 10 copies of their response. However, the PowerPoint presentation (distributed as file 3619vendor conf powerpoint.pdf) mentions a copy of the response on CD. Would you confirm that an electronic copy a one CD is also required?

Response: **Yes. Vendors must include an electronic copy of their proposal on CD. Please see Item 1 which amends RFP No. 3619 to require an electronic copy of the Vendor's proposal.**

Question 9: Section II, Item 8.2 states: "To prevent opening by unauthorized individuals, all copies of the proposal must be sealed in the package. A label containing the information on the RFP cover page must be clearly typed and affixed to the package in a clearly visible location."

Should vendors seal each individual binder in separate envelopes, or just make sure the binders are sealed in the vendor's mailing package?

Response: **Vendors do not have to seal each individual binder as long as all binders are sealed within the mailing package.**

Question 10: Section VII, Item 1.1 states: "Beginning with Item 2.1 of this section, label and respond to each outline point in this section as it is labeled in the RFP.

To clarify, should vendors restate the entire wording of the outline point if only an "Acknowledged" response is needed, or is it sufficient just to restate the heading as shown in the example below from the Proposal Section 4:

4. Background of Current Programs/Systems
    - 4.1 Current PIMS
        - 4.1.1 Program Description
        - 4.1.2 Process Narrative
        - 4.1.3 Technical Description of the Existing System

Response: **The Vendor must clearly respond to each requirement in Section VII, Technical Specifications. If a requirement is provided for the Vendor's information only, the Vendor may respond to that requirement as a whole without responding to each sub item. Please refer to Section II, Item 8 for more detail regarding how Vendors should respond to requirements.**

Question 11: Section 2 describes MANDATORY requirements. If a requirement utilizes the word "must", is that considered a MANDATORY requirement? Or do only those items specifically marked as MANDATORY in the RFP apply to this definition?

Response: **Requirements noted as "MANDATORY" have been identified by the State as items which could subject a Vendor's proposal to immediate disqualification for not meeting the stated requirement. Requirements utilizing the word "must" describe the desired functionality that the State is seeking but Vendor proposal that do not meet may be scored lower as opposed to being disqualified.**

Question 12: Section VII, Item 4.10.2.4 describes the Reproductive Health lab process, beginning with the shipping of lab specimens. How and in what system is the lab ordering and specimen collection process currently managed and tracked?

Response: **The system is manual and has no tracking mechanism for specimens ordered from the clinics until specimen delivery to the Mississippi Public Health Laboratory (MPHL). The current Laboratory Information Management System (LIMS) provides a tracking mechanism once the specimen is received in the Lab.**

Question 13: Section VII, Item 11.7.1 asks that solutions utilize the State's Eastwood or Robert E. Lee data centers. Does this requirement preclude the ability to offer cloud-based solutions, common to many healthcare solutions, where the solution is hosted in the cloud and securely accessible through the State's network? If so, please explain the State's polices related to cloud based service solutions.

Response: **No. The solution will be hosted at the ITS State Data Center.**

Question 14: Section VII, Item 11.9 requests vendors to provide a list of operational sites as possible demonstration sites. Can these sites include those of clients listed in the References Section IX of the RFP?

Response: **Yes.**

Question 15: Section VII, Items 15 and 16: Would MSDH provide a version of the Checklist in a spreadsheet format (e.g. Microsoft Excel)?
If this is possible, would MSDH be able to be provided this version as soon as possible and no later than January 4, 2013?

Response: **Items 15 and 16 of Section VII have been provided in Microsoft Excel format under separate cover and posted to the ITS website as Exhibit F.**

Question 16: Section VII, Item 15.2 states in part: "MANDATORY - The PIMS Upgrade must at a minimum provide the functionality, reporting, and data currently available to MSDH in their existing programs/systems. "

Does this Item provide the list of currently available functionality making all items in Section VII, Item 15.2 MANDATORY?

Response: **All core functions listed in Section VII, Item 15.2 are mandatory. All requirements in each core function are desired.**

Question 17: Section VII, Item 15.2.4.48: Please describe how the system should assign fees based on program requirements. Examples would be helpful.

Response: **Federal and State programs provide guidelines for MSDH program eligibility requirements. Billing rates for program services are based on the patient billing scale and 3rd party payer reimbursement rates. The intra-agency sliding fee scale allows for standardized billing adjustments to individual patients and is updated annually based on the federal poverty guidelines (MSDH PIMS manual).**

Example: Title X FP Services (Family Planning Manual Section 1 page 2) "Federal Poverty Guidelines" is a table including family size and income that is issued each year (usually in February) by the federal Department of Health and Human Services and used to determine financial eligibility/sliding scale charges for some federal programs, including Title X Family Planning.

Question 18: Section VII, Item 15.2.5.2: Please describe how the system should ensure that Medicaid requirements are met when providing services. Examples would be helpful.

Response: **The system should provide prompts, flags or warnings if specific services are limited or recommended based on Medicaid criteria (e.g., age appropriate screenings, number of visits allowed, and managed care requirements).**

Question 19: Section VII, Item 15.2.6.7: This item references LIMS requirements. Are these requirements available for vendor review?

Response: **The requirements are not available for review. Discussions will need to occur during development.**

Question 20: Section VII, Item 15.2.11.2: Does the State currently have a statistical site of this type, available to the general public? If so, please provide the web address.

Response: **Yes. The address is http://healthyms.com/.**

Question 21: Section VII, Item 15.3.1.1: Are vendors required to duplicate existing reports or provide standard reports that can be further customized by the State?

Response: **Both.**

Question 22: Section VII, Item 15.3.6.2: What format will the electronic referrals utilize?

Response: **Unknown at this time.**

Question 23: Section VII, Items 15.3.7.4 and 15.3.7.5: What type of hand-held devices are utilized? What interface protocols do they support?

Response: **Dell Tablets (agency standard).**

Question 24: Section VII, Item 15.3.7.6 : What type of integration is envisioned? The SEALS user manual found at http://www.its.ms.gov/procurement/pages/3619.aspx does not describe or identify any method of entering data except manual entry via the web application.

Response: **The integration desired is to utilize PIMS to capture the SEALS data elements and eliminate dual entry.**

Question 25: Section VII, Item 16.1.8: What 3rd party coding applications are proposed for integration? What functions would they perform?

Response: **Unknown at this time.**

Question 26: Section VII, Item 16.2.8: Does this requirement pertain to initial data conversion, or is it expected that patient records will be received via HL7 from external systems on an ongoing basis?

Response: **This does not pertain to the initial data conversion. Any information received from external entities to the MSDH will utilize HL7 messaging and the MSDH's enterprise integration engine.**

Question 27: Section VII, Item 16.3.8: Will the genograms be in the form of scanned/electronic documents or PDFs? If not, what format will they utilize?

Response: **Yes, Genograms will be in the form of scanned/electronic documents or PDFs that are available for viewing within the EHR.**

Question 28: Section VII, Items 16.4.2 and 16.4.192: Please identify the devices and equipment with which the system is expected to interface.

Response: **16.4.2 - The MSDH's enterprise integration engine will be used for all interfaces.**

16.4.192 – No current medical equipment or device provides for interface with an EHR. Vendors must describe options available for providing direct entry into an EHR from medical equipment and devices. An example of a future device would be the HemoCue hemoglobin analyzer with connectivity to a PC allowing for interface with an EMR/EHR.

Question 29: Section VII, Item 16.4.16: Please provide a copy of or a link to the standard coding rules referenced in this requirement.

Response: **Please reference relevant national coding schemas i.e., CPT, LOINC, ICD-9/10-CM, SNOMED-CT.**

Question 30: Section VII, Item 16.4.39: Please identify the systems and the protocols with which the system is expected to interface.

Response: **The MSDH's enterprise integration engine will be used for all interfaces.**

Question 31: Section VII, Item 16.4.91: Please identify the systems and the protocols with which the system is expected to interface.

Response: **The MSDH's enterprise integration engine will be used for all interfaces.**

Question 32: Section VII, Item 16.4.151: Please describe how the system should support case conferencing. Examples would be helpful.

Response: **The system should support case conferencing by providing simultaneous use of records by multiple disciplines/providers for documentation and review, notify multiple staff when case conferencing is due, distribute meeting notes to selected individuals, track attendees of the case conferencing, and provide the ability to distribute care plans.**

Question 33: Section VII, Item 16.4.170 and 16.26.8: Please identify the systems and the protocols with which the system is expected to interface.

Response: **Interfaces are listed in Section 17. The MSDH's enterprise integration engine will be used for all interfaces.**

Question 34: Section VII, Item 16.4.241: Please identify the inventory system, and the type of "link" required.

Response: **No inventory system is in use at this time. Desire the ability to enter local inventory into the EHR with the capability to choose from available inventory when medication is administered and automatically deduct specified amount from the existing inventory.**

Question 35: Section VII, Item 16.17.1: Please identify the systems and the protocols with which the system is expected to interface.

Response: **The awarded Vendor will work with MSDH to determine what information is needed.**

Question 36: Section VII, Item 16.24.2: Does this refer to systems other than the proposed PIMS practice management system? If so, please identify the additional practice

management systems and the protocols with which the system is expected to interface.

Response: **None.**

Question 37: Section VII, Item 16.25.4: Does this requirement refer to the Bright Futures protocol?

Response: **Yes, see the attached Bright Futures recommendations for services.**

Question 38: Section VII, Item 17 details required interfaces. Several of the listed foreign systems do not currently support interfaces (e.g. CDCIS – section 17.8.2) or are often unwilling to interface with foreign systems (e.g. WIC – section 17.12). Are all of the foreign systems and programs listed in Section VII, Item 17 capable of and willing to interface with the selected PIMS?

Response: **Yes, MSDH's enterprise integration engine will be used for all interfaces.**

Question 39: The RFP states in several places that vendors must meet the program specific functions currently provided in the existing PIMS system. It is likely that some vendors have not seen the system while others have. Would MSDH provide a web demonstration of its existing system? Given the number of major programs (10) and the interfaces required to other MSDH program legacy systems (20), this would help all vendors be able to better understand scope and provide a more accurate response to requirements.

Response: **Due to time and staff constraints this is not possible.**

RFP responses are due January 24, 2012, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Donna Hamilton at 601-432-8114 or via email at Donna.Hamilton@its.ms.gov.

Attachment: Bright Futures Recommendations

cc: ITS Project File Number 38308

ATTACHMENT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures
Prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
Age[a]	Prenatal[b]	Newborn[c]	3–5 d[d]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/height and weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for length		●	●	●	●	●	●	●	●	●	●																					
Body mass index												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood pressure[e]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	●[f]	●	●	●	★	●	★	●	★	●	★	★	●	★	★	●	★	★	★
Hearing		●[g]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental screening[h]								●			●		●																			
Autism screening[i]											●	●																				
Developmental surveillance[h]		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/behavioral assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and drug use assessment																						★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[j]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[k]																																
Newborn metabolic/hemoglobin screening[l]	←—	●—	—→																													
Immunization[m]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or hemoglobin[n]						★			●		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead screening[o]							★	★	●or★[p]		★	●or★[p]		★	★	★	★															
Tuberculin test[q]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia screening[r]												★			★		★		★		★	★	★	★	★	★	★	★	←—	—●	—→	
STI screening[s]																						★	★	★	★	★	★	★	★	★	★	★
Cervical dysplasia screening[t]																						★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[u]							★	★	●or★[u]		●or★[u]	●or★[u]	●or★[u]	●[v]			●[v]															
ANTICIPATORY GUIDANCE[w]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

[a] If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

[b] A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456].

[c] Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.

[d] Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434].

[e] Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

[f] If the patient is uncooperative, rescreen within 6 months per AAP statement "Eye Examination and Vision Screening in Infants, Children, and Young Adults" (1996) [URL: http://aappolicy.aappublications.org/cgi/reprint/pediatrics;98/1/153.pdf].

[g] All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs " (2000) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007;120:898–921.

[h] AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006;118:405–420 [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405].

[i] Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007;119:152–153 [URL: http://pediatrics.aappublications.org/cgi/content/full/119/1/152].

[j] At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.

[k] These may be modified, depending on entry point into schedule and individual need.

[l] Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.

[m] Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.

[n] See *AAP Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR Recomm Rep.* 1998;47(RR-3):1–36.

[o] For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.

[p] Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.

[q] Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.

[r] "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* In press.

[s] All sexually active patients should be screened for sexually transmitted infections (STIs).

[t] All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).

[u] Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

[v] At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

[w] Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ←—● —→ = range during which a service may be provided, with the symbol indicating the preferred age